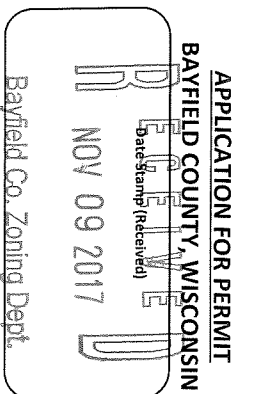


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138



Permit #:	17-0469
Date:	11-28-17
Amount Paid:	\$90 11-9-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER					
Owner's Name: ANNA & STEVE CARLSON		Mailing Address: 491141ST AVE. S.		City/State/Zip: MINNEAPOLIS, MN 55447		Telephone: 612-554-6569		Cell Phone: 612-554-6569		Plumber Phone:							
Address of Property: 11805 OLD MILL RD.		City/State/Zip: CAABE, WI 54821		Contractor Phone: 715-9580-2114		Plumber: N/A		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
Contractor: VERN CONRAD		Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A		Tax ID#: 9919		Recorded Document: (i.e. Property Ownership) SEE TAX STATEMENT											
PROJECT LOCATION: NE 1/4, NE 1/4		Legal Description: (Use Tax Statement)		Gov't Lot		Lots		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 35, Township Cah/2 N, Range W		Town of: CAABE		Lot Size: 330' x 660'		Acreage: 5											
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes---continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet													

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$30,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: SEPTIC	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)		
			Year Round <input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: 40'	Width: 28'	Height: 18'
Proposed Construction:	Length: 33'	Width: 10'	Height: 18'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( ) X ( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2nd) Deck	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2nd) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) ENTRY W/ 41' DECK	( 10' X 33 )	330
	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
	Special Use: (explain)	( ) X ( )	
	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Steven P. Carlson  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Date 10/29/17

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit 11805 OLD MILL RD. CAABE, WI 54821  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE ATTACHED SURVEY & ARCHITECTURAL DRAWINGS

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	400' 4 Feet		
Setback from the South Lot Line	200' 4 Feet	Setback from Wetland	
Setback from the West Lot Line	200' 1 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	104' 8 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	17 Feet	Setback to Well	0 Feet
Setback to Drain Field	46 Feet	(WELL IN HOUSE)	
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 17-635	# of bedrooms: 4	Sanitary Date: 7/13/2017			
Permit Denied (Date):	Reason for Denial:						
Permit #: 17-0469	Permit Date: 11-22-17						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:							
Inspected by: 11/20/17		Zoning District (R-2)		Lakes Classification (—)			
Date of Inspection: 11/20/17		Inspected by: 11/20/17		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached)							
Signature of Inspector: 11/20/17 Date of Approval:							
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>							

Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

# Bayfield County Web AppBuilder



November 13, 2017

Buildings

Corner Tie Sheets

Section Corner Monument on File

Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Recorded Map

All Roads

CFR

County

Federal

Private

State

Town

10' Contour Lines

Municipal Boundary

Section Lines

Approximate Parcel Boundary

Meander Lines

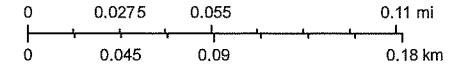
Tie Lines

Rivers

Douglas Co Parcels

Ashland Co Parcels

1:2,351



City, Village, State or Federal  
May Also Be Required

AND USE – X  
SANITARY – 17-63S  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0469** Issued To: **Steven & Anna Carlson**

Par in

Location: **NE**  $\frac{1}{4}$  of **NE**  $\frac{1}{4}$  Section **35** Township **43** N. Range **8** W. Town of **Cable**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Addition / Alteration: [ 1- Story; Entry / Deck (10' x 33') = 330 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**November 22, 2017**

Date